FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation

Sealaska Corporation

(b) Address (number and street)   ☐ check if different than previously reported

One Sealaska Plaza, Ste 400

(c) City, State and ZIP Code

Juneau AK 99801

3. FEC Identification Number

C |_|_|_|_|_|_|_|_|_|

2. Corporate filers only

Is the filer a qualified nonprofit corporation?   ☐ Yes   ☒ No

Individual filers only   Name of Employer   Occupation

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report   ☒ 24-Hour Report

☐ January 31 Year-End Report   ☐ 48-Hour Report

b) Is this Report an amendment?   Yes ☐ No ☒

5. COVERING PERIOD: FROM

[10] [29] [2010]

THROUGH

[10] [28] [2010]

6. TOTAL CONTRIBUTIONS 1350

7. TOTAL INDEPENDENT EXPENDITURES ....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM   **SIGNATURE**   **DATE**

Richard Harris   [signature]   11/1/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

For further information, contact:
Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE	OF
FOR LINE 7 OF FORM 5	

NAME OF FILER (In Full)

Sealaska Corporation

Full Name (Last, First, Middle Initial) of Payee

KSBZ

Mailing Address

611 Lake St.

City Sitka   State AK   Zip Code 99835

Date: 10-28-2010

Amount: 13.50

Purpose of Expenditure: radio endorsement Ad   Category/Type: 004

Name of Federal Candidate Supported or Opposed by Expenditure: Lisa Murkowski

Office Sought: [X] Senate   State: AK
[ ] House   [ ] President   District: ___

Check One: [X] Support   [ ] Oppose

Calendar Year-To-Date Per Election for Office Sought: 1350

Disbursement For: [ ] Primary   [X] General   [ ] Other (specify) ___

Full Name (Last, First, Middle Initial) of Payee

Mailing Address

City   State   Zip Code

Date: ___

Amount: ___

Purpose of Expenditure   Category/Type

Name of Federal Candidate Supported or Opposed by Expenditure:

Office Sought: [ ] House [ ] Senate [ ] President   State: ___ District: ___

Check One: [ ] Support [ ] Oppose

Calendar Year-To-Date Per Election for Office Sought

Disbursement For: [ ] Primary [ ] General [ ] Other (specify) ___

Full Name (Last, First, Middle Initial) of Payee

Mailing Address

City   State   Zip Code

Date: ___

Amount: ___

Purpose of Expenditure   Category/Type

Name of Federal Candidate Supported or Opposed by Expenditure:

Office Sought: [ ] House [ ] Senate [ ] President   State: ___ District: ___

Check One: [ ] Support [ ] Oppose

Calendar Year-To-Date Per Election for Office Sought

Disbursement For: [ ] Primary [ ] General [ ] Other (specify) ___

(a) SUBTOTAL of Itemized Independent Expenditures ► 13.50

(b) SUBTOTAL of Unitemized Independent Expenditures ►

(c) TOTAL Independent Expenditures ► 1350
(carry total from last page forward to Line 7)

Federal Election Commission
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N/A	**N/A**
PREPARER	DATE PREPARED

(5/2004)